

## Health Education Exhibition and Resource Centre

Telephone No.: 2377 9275 / 2377 9357 Fax No.: 2735 8781

### Application Form for Health Promotion Activities (Residential Care Home / Elderly Centre)

#### Part 1: Particulars of Applicant

- (a) Name of Organisation: \_\_\_\_\_
- (b) Type of Organisation: ☐ Aged Home ☐ Elderly Centre ☐ Others (please specify): \_\_\_\_\_
- (c) Address of Organisation: \_\_\_\_\_
- (d) Name of Person-in-charge of Organisation: \_\_\_\_\_ Post: \_\_\_\_\_
- (e) Name of Applicant: \_\_\_\_\_ Post: \_\_\_\_\_
- (f) Contact Telephone No.: \_\_\_\_\_ (g) Fax No: \_\_\_\_\_

#### Part 2: Particulars of Application

- (a) Number of Visitors Expected: About \_\_\_\_\_ Persons
- (b) Details of Proposed Activity/Activities:

Topic of Talk (to be conducted only in Cantonese for about 30 to 45 minutes per session)	Date and Time (Monday to Friday (except public holidays))
<input type="checkbox"/> (i). Personal, Food and Environmental Hygiene (to be conducted for about 45 minutes per session in the form of talks and short films)	Date: _____ Time: _____
<input type="checkbox"/> (ii). Health Interactive Game (to be conducted with BINGO cards) <i>Note: This activity is relatively simple, light-hearted and interactive, suitable for 30 participants or fewer. The applying organisation should arrange sufficient staff and prepare a pen for each participant.</i>	Date: _____ Time: _____

Please put a “✓” in the appropriate box(es).

<input type="checkbox"/> (iii). Food Poisoning Series (about 30 minutes per session for only one of the following topics)  <input type="checkbox"/> Introduction to Bacterial and Viral Food Poisoning and its Preventive Measures  <input type="checkbox"/> Introduction to Biochemical and Chemical Food Poisoning and its Preventive Measures	Date: _____ Time: _____
<input type="checkbox"/> (iv). Thematic Series on Food (about 20 minutes per session for preferably two of the following topics)  <input type="checkbox"/> Cooking with a Microwave <input type="checkbox"/> Nutrition Labelling Oven / Air Fryer  <input type="checkbox"/> Risks of Grilled, Baked <input type="checkbox"/> Food Additives and Fried Food  <input type="checkbox"/> Natural Toxins in Fruits <input type="checkbox"/> Safe Consumption of and Vegetables                      Sushi and Sashimi  <input type="checkbox"/> Five Keys to Food Safety <input type="checkbox"/> Safe Consumption of Salad  <input type="checkbox"/> Food Safety Focus	Date: _____ Time: _____
<input type="checkbox"/> (v). Thematic Series on Environmental Issues (about 30 to 45 minutes per session for only one of the following topics)  <input type="checkbox"/> Concerns about Avian Flu and its Preventive Measures  <input type="checkbox"/> Enhancing Environmental Hygiene and Pest Control  <input type="checkbox"/> Know More about Dengue Fever and its Preventive Measures  <input type="checkbox"/> Know More about Japanese Encephalitis and its Preventive Measures	Date: _____ Time: _____
<input type="checkbox"/> (vi). Introduction to Non-traditional Burial Methods <i>Note: To elaborate on information such as scattering ashes in Gardens of Remembrance or designated waters and using eco-coffins</i> (Relevant website: <a href="https://www.greenburial.gov.hk/en/home/index.html">https://www.greenburial.gov.hk/en/home/index.html</a> )	Date: _____ Time: _____

Please put a “✓” in the appropriate box(es).

(c) Facility/Facilities Available at Proposed Venue:

- |   |  |
|---|--|
| <input type="checkbox"/> Screen(s) (e.g. white wall(s), white board(s), panel(s), etc.) | <input type="checkbox"/> Multi-media Projector(s) that can be connected to computer(s) |
| <input type="checkbox"/> Loudspeaker(s) with microphone(s)                              | <input type="checkbox"/> LCD TV(s) that can be connected to computer(s)                |
| <input type="checkbox"/> Speaker(s) that can be connected to computer(s)                | <input type="checkbox"/> Computer(s)   |

Please put a “✓” in the appropriate box(es).

**Part 3: Signature of Applicant**

---

Date (dd/mm/yy)

---

Signature of Applicant shown in Part 1 Item (e)

**Personal Data Collection Statement**

**(In accordance with the Personal Data (Privacy) Ordinance)**

**1. Purposes of Collection**

The personal data provided by means of this form will be used by the Food and Environmental Hygiene Department (FEHD) for dealing with matters relating to applications for health promotion activities, and carrying out related publicity work.

The provision of personal data is voluntary. However, if insufficient information is provided, the FEHD may not be able to process the application.

**2. Class of Transferees**

The personal data you have provided by means of this form may be disclosed to other government departments and agencies in pursuance of the purposes mentioned in paragraph 1 above.

**3. Access to Personal Data**

You have a right to request access to and correction of the personal data provided in accordance with Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data which you have provided by means of this form. A fee may be imposed by the FEHD for complying with a data access request.

**4. Enquiries**

Enquiries concerning the personal data collected by means of this form may be addressed to Chief Health Inspector (Health Education) of the Health Education Exhibition and Resource Centre of the FEHD.